MINUTES
PSYCHIATRIC & SUBSTANCE ABUSE INPATIENT SERVICES
TECHNICAL ADVISORY COMMITTEE
Of the Health Strategies Council
Georgia Music Hall of Fame & Museum
200 Martin Luther King, Jr. Blvd, Macon, Georgia

Friday, October 28, 2005
11:00 am - 1:00 pm

William "Clay" Campbell, Chair, Presiding

MEMBERS PRESENT

Joel Axler, MD
Paul Hackman
Roslind Hudson
Doris Patillo, L.P.C.
Robin Robinson
Mark Scott, R.N.
Wayne Senfeld, ED.S, L.P.C.
Sandra Sexson, MD

MEMBERS ABSENT

Ray Heckerman, M.S.
Gary Howard
Frezalia Oliver
Mary Lou Rahn, B.S.N.
Brenda Reid, R.N., C.C.M.
Carol Zafiratos

GUESTS PRESENT

Ravena Daniels, Phoebe Putney Memorial Hospital
Lisa Norris, The Strategy House
Kevin Rowley, St. Francis Hospital
Helen Sloat, Nelson Mullins
Leah Watkins, Powell Goldstein

STAFF PRESENT

Charemon Grant, JD
Matthew Jarrard, MPA
Brigitte Maddox
Robert Rozier, JD
Rhathelia Stroud, JD
Stephanie Taylor, MPS

WELCOME AND INTRODUCTIONS

Clay Campbell, Chair, called the meeting of the Psychiatric & Substance Abuse Inpatient Services Technical Advisory Committee (TAC) to order at 1:10 pm. TAC members and staff introduced themselves. Mr. Campbell then called upon Charemon Grant, DCH/Deputy General Counsel to provide an explanation regarding the changes to the TAC's chairmanship.

Ms. Grant noted that the Governor has made recent changes to the Health Strategies Council (Council), the body which provides policy guidance to the Department regarding the State Health Plan and Rules for the Certificate of Need Program. She noted that Council members usually chair the Department's TACs. She said that several new members were added, while others were reappointed to the Council. She indicated that the former TAC Chair, Honorable Glenda M. Battle, RN was not reappointed to the Council and as a result she would no longer chair the TAC. She recognized and thanked Mr. Campbell for agreeing to chair the TAC.

REVIEW OF COMMITTEE CHARGE

Mr. Campbell reviewed the charge of the TAC noting that during the 2004 and 2005 annual review of the State Health Plan and Rules for Psychiatric and Substance Abuse Inpatient Services by the Acute Care Standing Committee of the Health Strategies Council, it was recommended that the State Health Plan and Rules governing Psychiatric and Substance Abuse Inpatient Services should be updated given the age of these planning documents and due to recent changes to the State Health Plan and Rules governing Short Stay General Hospital Beds.

OVERVIEW OF GEORGIA'S REGULATORY FRAMEWORK

Mr. Campbell called on Robert Rozier to provide an overview of the Department's current Rules for Psychiatric & Substance Abuse Inpatient Services. Mr. Rozier provided a summary of the regulatory framework, including outlining the three criteria which trigger the CON process including the establishment of a new program, expansion of an existing program, or making expenditures in excess of $1.395M on an existing program. He also provided an overview of the standards that are used in the review of CON applications, including applicable definitions. (See Appendix A).

REVIEW OF GEORGIA DATA

The Chair called on Matthew Jarrard to review the data and other information contained in member packets. Mr. Jarrard provided an overview of the number of applications that the Department have received to provide Adult Psychiatric & Substance Abuse and Child & Adolescent Extended Care Services from 1990 to present. He said that during this period, the Department received 55 applications, 34 (62%) of which were approved; 7(13%) were denied and 12 (22%) were withdrawn prior to the Department's decision. He further mentioned that 15 (37%) of these applications were appealed, of which 3 (7%) were reversed. He reviewed the following data reports (See Appendix B).

- CON Applications for Adult Psych & Substance Abuse & Child & Adolescent Extended Care (1990-Present)

- Adult Acute Psychiatric, Substance Abuse & Extended Care Beds in Non-Federal Hospitals
- Child & Adolescent Acute Psychiatric, Substance Abuse & Extended Care Beds in Non-Federal Hospitals
- Child & Adolescent Extended Care Psychiatric Utilization Detail Report (2000-2004)

Mr. Jarrard reviewed the Department's three planning area maps for acute psychiatric and substance abuse programs for state-owned and public and private facilities and the map for extended care psychiatric and substance abuse programs. (See Appendix C). Department staff encouraged members to review the data that was provided at today's meeting and to provide input and feedback with regard to the accuracy of the data.

TAC members inquired about the need for three different maps. Department staff noted that the maps were proposed and developed by the previous TAC.

Subsequent to Mr. Rozier and Mr. Jarrard's presentation, TAC members provided the following input:

- There are not enough statewide beds to refer patients for services.
    - Patients are spending large amounts of time in "holding patterns" in emergency rooms across the state.
    - Some cities including Augusta, Savannah, and Rome are experiencing significant areas of need
    - Patients enrolled in Medicaid, PeachCare and other low-income patients are in dire need of services
        - Need to offer incentives to providers to deliver services to indigent patients
        - Statewide expertise exists to provide services however the appropriate financing/reimbursement systems are unavailable/inadequate.
- Changes in Medicaid reimbursement is impacting utilization
- "Crisis stabilization units" are new emerging concepts in the industry;

PUBLIC COMMENTS

The Chair called on guests to provide public comments. No one indicated the desire to speak.

IDENTIFICATION OF PLANNING PRINCIPLES AND GOALS FOR A GEORGIA PLAN

Robert Rozier indicated that the Department is seeking guidance from the TAC regarding what changes are needed to enhance the Department's current CON Rules for Psychiatric, Substance Abuse and Extended Care services. He said that the Department needs to assess the adequacy of the current Rules to meet the needs of patients, providers, and state policy makers. He reiterated that the Department and the Council are committed to ensuring planning policies that incorporate access, quality of care, reasonable costs, and integration of healthcare services to the people of the state.

Department staff asked TAC members to provide guidance as to whether freestanding and hospital-based facilities should be viewed under the same Rules or whether there are idiosyncrasies which would require separate regulatory standards.

Members noted that there are a significant number of partnerships that facilities have with state-owned hospitals. Members said that in crafting definitions the TAC should be mindful that such changes do not impact admission criteria and potentially place an undue burden on facilities or patients.

Department staff inquired whether there is an adequate number of beds available and if so, are they geographically accessible? Mr. Rozier acknowledged that exception standards could be created to address some of these statewide needs.

Ms. Patillo said that some areas, including Fulton County, are over-utilized due to accessibility of transportation services.

Robert Rozier reviewed the Rules for Psychiatric & Substance Abuse Inpatient Services (See Appendix D), starting with the section on definitions. Procedurally, TAC members agreed to review each section of the Rules and to make recommendations for changes as they are presented. TAC member discussions and recommendations are outlined under each standard of the rule.

111-2-2-.26 (1) (a) – The TAC reviewed and approved this definition as is.

111-2-2-.26 (1) (b)

- Dual diagnosis is a goal. Child and adolescent program should be combined. Adult Psychiatric and Substance Abuse programs should be combined
- At present, one need methodology is used for all programs though different inputs are used to calculate the need methodology for each specific group (child, adolescent and adult)
- TAC members recommended that the average length of stay (ALOS) information for children (120 days or less) and adult programs (45 days or less) should receive additional review.
- "Crisis stabilization units" are exempted from CON. They have ALOS of 3-5 days and are licensed by DHR. Department staff asked for further clarification about these units.

111-2-2-.26 (1) (c)

- TAC members recommended that ALOS for adolescents should be changed to 9 months
- Department staff recommended that the ALOS information that is provided in this definition should be included in the standards for new or expanded extended care programs.
- TAC members recommended the following changes to this definition:

"Extended care psychiatric or substance abuse inpatient program," for purposes of these Rules, means a psychiatric or substance abuse program, as defined in rule 111-2-2-.26(1) (a), that focuses on self-help and basic living skills to enhance the patient's abilities to perform successfully in society upon discharge by emphasizing psycho-social, vocational and/or prevocational, and educational components in its treatment plan. The program is designed to treat people who do not require acute care and who usually have already had at least one acute care admission. Due to this design, the staffing of extended care programs is different from that of acute care programs by having proportionately more therapeutic activities, educational, and social work staff and proportionately fewer nurses and physicians. ~~The average daily costs and charges for extended care are expected to be no more than half that of acute care programs~~. The average length of stay of patients is usually five months or more for adults and usually one year or more for children and adolescents. Two programs are defined: adult psychiatric and substance abuse and adolescent/child psychiatric and substance abuse.

Mr. Rozier inquired as to whether there are different need methodologies for each of the five types of programs (Adult Psychiatric, Adult Substance Abuse, Child/Adolescent Psychiatric, Child/Adolescent

Substance Abuse, Psychiatric Extended Care Services). Mr. Jarrard reiterated that the same formula is used to calculate the need methodology but different rates are used in the calculation of the need for each specific program (child, adolescent and adult). He noted that the Rules for Short Stay General Hospital Beds are also used to determine the overall need for beds.

Members briefly discussed whether a facility's ALOS or occupancy rate should be a factor when applying for a CON. No consensus was reached.

Mr. Campbell said that the next meeting, the TAC would continue to review the definitions and any follow-up data and information.

IDENTIFICATION OF DATA & ADDITIONAL INFORMATION

- TAC members requested a map which depicts all facilities that provide psychiatric and substance abuse services around the state.
- Some members felt that there are inaccuracies in the data that was provided. Members requested that the Department provide utilization data for all facilities that appear on the inventory.
- The Department has requested additional information about "crisis stabilization units".
- TAC members requested a copy of the Rules for Short Stay General Hospital Beds.

PROPOSED UPCOMING MEETING

The next meeting is scheduled for **Friday, December 9, 2005**. Members agreed that an Atlanta location would be preferred and recommended that future meetings would be held in three hour intervals. Members agreed to a time frame of 10:00 am – 1:00 pm. Department staff has agreed to secure a meeting location and to provide information to the committee.

There being no further business, the meeting adjourned at 1:05 pm.

Minutes taken on behalf of Chair by Brigitte Maddox and Stephanie Taylor.

Respectfully Submitted,

W. Clay Campbell, Chair

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APPENDIX A

- Statutory and Regulatory Framework

STATUTORY AND REGULATORY FRAMEWORK

Inpatient Psychiatric and Substance Abuse Programs

I. WHEN IS A CON REQUIRED

A. Prior to the establishment of a new program

B. Prior to the expansion of an existing program (addition of beds)

C. Prior to making expenditures in excess of $1.395 M on an existing program

II. DEFINITIONS

A. Difference between acute care programs vs. non-acute programs vs. extended care programs

B. Distinction between child, adolescent, and adult programs

1. Currently Adult = 18+
2. Currently Adolescent = 13-17
3. Currently Child = Under 13

III. REVIEW CRITERIA

A. **Statutory Requirement:** The population residing in the area served, or to be served, by the new institutional health service has a need for such services.

1. Calculated Need = Projected Need – Current Inventory
2. Aggregate Utilization in Planning Area--no need unless higher than a certain percentage
    a. Currently 80 percent for adult programs
    b. Currently 75 percent for adolescent/child programs
    c. Currently 85 percent for extended care
3. Exceptions to need in certain situations--currently geographic access, quality, financial accessibility, and cost
4. For general hospitals, application of short stay bed need methodology
5. Planning Areas

B. **Statutory Requirement:** Existing alternatives for providing services in the service area the same as the new institutional health service proposed are neither currently available, implemented, similarly utilized, nor capable of providing a less costly alternative, or no certificate of need to provide such alternative services has been issued by the Department and is currently valid.

1. Justification of location

C. **Statutory Requirement:** The project can be adequately financed and is, in the immediate and long term, financially feasible.

1. Projected Utilization for New Programs

2. Current Utilization for Existing Programs

    a. 80 percent adult currently
    b. 75 percent child/adolescent currently
    c. 85 percent for extended care

D. **Statutory Requirement:** The effects of new institutional health service on payors for health services, including governmental payors, are not unreasonable.

1. Submission of proposed charges

2. How the facility will handle self pay

E. **Statutory Requirement:** The costs and methods of a proposed construction project, including the costs and methods of energy provision and conservation, are reasonable and adequate for quality health care.

1. Minimum bed size for new programs

    a. Freestanding hospital = 50 beds currently
    b. General hospital = minimum of 15 beds currently
    c. Extended Care = 8 beds

2. If building new beds in existing general hospital, rationalization for construction vs. conversion

F. **Statutory Requirement:** The new institutional health service proposed is reasonably financially and physically accessible to the residents of the proposed service area.

1. Commitment to participate in Medicare and Medicaid programs if applicable

2. Provision of indigent and charity care at a minimum of 3% of adjusted gross revenue

3. Provision of indigent and charity care policies and patients' rights policies

G. **Statutory Requirement:** The proposed new institutional health service has a positive relationship to the existing health care delivery system in the service area.

1. Referral agreements with hospitals offering acute medical treatment

2. JCAHO accreditation for only acute programs currently

3. No history of licensure deficiencies

4. No history of conditional level Medicare certification

5. Must present a clear, distinct plan which includes admission policies and criteria, treatment protocol, discharge planning

6. Must propose appropriately trained personnel for the age and disability group to be served by the program

7. special consideration provided to facilities that provide a broad range of needed services, especially those that are not financially profitable, that may include designation by the Georgia Department of Human Resources as an emergency receiving, evaluation, and/or treatment facility; agreements or contracts to treat patients referred through state programs; and/or services for special populations, such as individuals with multiple disabilities, the elderly, or other documented underserved populations

8. documentation of community and referral based support

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APPENDIX B

- CON Applications for Adult Psych & Substance Abuse & Child & Adolescent Extended Care (1990-Present)
- Adult Acute Psychiatric, Substance Abuse & Extended Care Beds in Non-Federal Hospitals
- Child & Adolescent Acute Psychiatric, Substance Abuse & Extended Care Beds in Non-Federal Hospitals
- Child & Adolescent Extended Care Psychiatric Utilization Detail Report (2000-2004)

CON Applications for Adult Psych & SA and Child & Adolescent Extended Care Services (1990-Present) (Main Summary Report)

9/22/2005

PRAMS summary reports are based on the year the CON application was submitted, not the year it was approved or denied. Therefore, if you run a summary report for a particular year, you get statistics showing how many projects were submitted in that year and what happened to those projects (how many were approved, denied, etc). For example, in calendar year 2002, 126 applications were submitted of which 95 were approved (75%), 18 were denied (14%), and 13 were withdrawn (10%). Health care expenditures totaling $40,279,588 were avoided due to 2002 applications that were denied, withdrawn or cancelled. Note that the number of approved or denied projects for a given year is subject to change until all projects submitted in that year have been reviewed by the department and all appeals and judicial reviews have been exhausted.

Calendar Year Submitted	Applications Submitted	Reviews Pending	Applications Approved*	Applications Denied*	Withdrawn Prior to Decision	Appealed	Decisions Reversed	Amount Reviewed	Expenditures Avoided*
1990	13	0 (0%)	7 (54%)	3 (23%)	3 (23%)	5 (50%)	0 (0%)	$42,294,705	$30,619,995
1991	3	0 (0%)	1 (33%)	1 (33%)	1 (33%)	1 (50%)	0 (0%)	$20,000	$10,000
1992	2	0 (0%)	2 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	$1,579,020	$91,700
1993	1	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	$0	$0
1994	4	0 (0%)	2 (50%)	1 (25%)	1 (25%)	1 (33%)	0 (0%)	$782,220	$0
1995	8	0 (0%)	5 (63%)	1 (13%)	2 (25%)	3 (50%)	0 (0%)	$793,627	$432,109
1996	2	0 (0%)	1 (50%)	1 (50%)	0 (0%)	2	0 (0%)	$1,034,844	$1,034,844
1997	2	0 (0%)	1 (50%)	0 (0%)	1 (50%)	1	0 (0%)	$368,576	$87,514
1998	2	0 (0%)	0 (0%)	0 (0%)	2 (100%)	0	0 (0%)	$52,000	$52,000
1999	6	0 (0%)	5 (83%)	0 (0%)	1 (17%)	0 (0%)	1 (20%)	$24,489,637	$4,563,101
2000	1	0 (0%)	1 (100%)	0 (0%)	0 (0%)	1	1 (100%)	$1,724,500	$1,724,500
2001	3	0 (0%)	3 (100%)	0 (0%)	0 (0%)	1 (33%)	1 (33%)	$16,605,772	$5,382,272
2002	1	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	$12,528,000	$0
2003	4	0 (0%)	3 (75%)	0 (0%)	1 (25%)	0 (0%)	0 (0%)	$7,029,617	$3,722,500
2004	1	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	$15,000	$0
2005	2	2 (100%)	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	$5,619,727	$0
Total	55	2 (4%)	34 (62%)	7 (13%)	12 (22%)	15 (37%)	3 (7%)	$114,937,245	$47,720,535

NOTES
Withdrawn - Withdrawn prior to a DHP decision
Appealed - Information is incomplete for appeals submitted between 6/2000 and 10/2001; information for appeals submitted prior to 7/84 may not be reliable
Percent Applealed - The percentage of DHP decisions that are appealed; not valid if you have selected all years
Decisions Reversed - Refers to DHP decisions that are reversed upon Administrative Appeal or Judicial Review; does not take into account instances in which projects were remanded to DHP and the agency changed its decision; not available prior to 1989
Amounty Reviewed - Total amended cost of projects reviewed including withdrawn projects; does not include operational costs; includes the costs of construction, equipment, and services.
Expenditures Avoided - Shows expenditures for health care construction, equipment, and services that were avoided when projects were denied, withdrawn, or cancelled for non-performance; reflects the amended cost of these projects; operational costs are not included
*Based on the final finding or if the administrative appeal and judicial review process has not been completed, based on original DHP finding

Selection Criteria (refer to the PRAMS manual for an explanation of codes): ([CY] >= '1990' AND ([service 1] in('20', '21', '22', '23', '24') OR [service 2] in('20', '21', '22', '23', '24') OR [service 3] in('20', '21', '22', '23', '24') OR [service 4] in('20', '21', '22', '23', '24') OR [service 5] in('20', '21', '22', '23', '24')))

Adult Acute Psychiatric, Substance Abuse and Extended Care Beds in Non-Federal Hospitals

Facility Name	County	Adult Acute Psych Beds			Adult Acute S/A Beds			Adult Extended Beds		
		Existing	Pending	Total	Existing	Pending	Total	Existing	Pending	Total
Private										
Private Acute Psych Service Area 1										
Floyd Medical Center	Floyd	30	0	30	24	0	24	0	0	0
Hamilton Medical Center	Whitfield	21	0	21	6	0	6	0	0	0
	2 Facilities	**51**	**0**	**51**	**30**	**0**	**30**	**0**	**0**	**0**
Private Acute Psych Service Area 2										
Northeast Georgia Medical Center	Hall	25	0	25	15	0	15	0	0	0
	1 Facility	**25**	**0**	**25**	**15**	**0**	**15**	**0**	**0**	**0**
Private Acute Psych Service Area 3										
Athens Regional Medical Center	Clarke	10	0	10	10	0	10	0	0	0
	1 Facility	**10**	**0**	**10**	**10**	**0**	**10**	**0**	**0**	**0**
Private Acute Psych Service Area 4										
Tanner Medical Center/Carrollton	Carroll	12	0	12	0	0	0	0	0	0
	1 Facility	**12**	**0**	**12**	**0**	**0**	**0**	**0**	**0**	**0**
Private Acute Psych Service Area 5										
The Bradley Center of St. Francis	Muscogee	34	0	34	13	0	13	0	0	0
The Medical Center	Muscogee	21	0	21	8	0	8	0	0	0
Sumter Regional Hospital, Inc.	Sumter	28	0	28	0	0	0	0	0	0
	3 Facilities	**83**	**0**	**83**	**21**	**0**	**21**	**0**	**0**	**0**
Private Acute Psych Service Area 6										
Coliseum Psychiatric Center	Bibb	30	0	30	15	0	15	0	0	0
Medical Center of Central Georgia	Bibb	30	0	30	0	0	0	0	0	0
Dodge County Hospital	Dodge	15	0	15	0	0	0	0	0	0

Facility Name	County	Adult Acute Psych Beds			Adult Acute S/A Beds			Adult Extended Beds		
		Existing	Pending	Total	Existing	Pending	Total	Existing	Pending	Total
Houston Medical Center	Houston	31	0	31	0	0	0	0	0	0
	4 Facilities	**106**	**0**	**106**	**15**	**0**	**15**	**0**	**0**	**0**
Private Acute Psych Service Area 7										
Emanuel Medical Center	Emanuel	10	0	10	0	0	0	0	0	0
Medical College of Georgia Hospitals and Clinics	Richmond	21	0	21	0	0	0	0	0	0
University Hospital	Richmond	41	0	41	34	0	34	0	0	0
	3 Facilities	**72**	**0**	**72**	**34**	**0**	**34**	**0**	**0**	**0**
Private Acute Psych Service Area 8										
Turning Point Hospital	Colquitt	0	0	0	59	0	59	0	0	0
Phoebe Putney Memorial Hospital	Dougherty	38	0	38	0	0	0	0	0	0
South Georgia Medical Center	Lowndes	38	0	38	14	0	14	0	0	0
John D. Archbold Memorial Hospital	Thomas	19	0	19	3	0	3	0	0	0
	4 Facilities	**95**	**0**	**95**	**76**	**0**	**76**	**0**	**0**	**0**
Private Acute Psych Service Area 9										
Appling Hospital	Appling	0	15	15	0	0	0	0	0	0
Willingway Hospital	Bulloch	0	0	0	40	0	40	0	0	0
Memorial Health University Medical Center	Chatham	30	0	30	8	0	8	0	0	0
Focus By the Sea	Glynn	26	0	26	34	0	34	0	0	0
Southeast Georgia Regional Medical Center	Glynn	16	0	16	0	0	0	0	0	0
	5 Facilities	**72**	**15**	**87**	**82**	**0**	**82**	**0**	**0**	**0**
Private Acute Psych Service Area 10										
DeKalb Medical Center	DeKalb	30	0	30	2	0	2	0	0	0
Emory University Hospital	DeKalb	15	0	15	0	0	0	0	0	0
Peachford Behavioral Health System of Atlanta	DeKalb	84	0	84	84	0	84	0	0	0
Wesley Woods Geriatric Hospital	DeKalb	48	0	48	0	0	0	0	0	0
Atlanta Medical Center	Fulton	40	0	40	0	0	0	0	0	0

Facility Name	County	Adult Acute Psych Beds			Adult Acute S/A Beds			Adult Extended Beds		
		Existing	Pending	Total	Existing	Pending	Total	Existing	Pending	Total
Grady Memorial Hospital	Fulton	32	0	32	0	0	0	0	0	0
	6 Facilities	**249**	**0**	**249**	**86**	**0**	**86**	**0**	**0**	**0**
Private Acute Psych Service Area 11										
Ridgeview Institute	Cobb	89	0	89	58	0	58	0	0	0
WellStar Cobb Hospital	Cobb	24	10	34	0	0	0	0	0	0
	2 Facilities	**113**	**10**	**123**	**58**	**0**	**58**	**0**	**0**	**0**
Private Acute Psych Service Area 12										
Emory Eastside Medical Center	Gwinnett	34	15	49	0	0	0	0	0	0
Gwinnett Medical Center	Gwinnett	35	0	35	15	0	15	0	0	0
	2 Facilities	**69**	**15**	**84**	**15**	**0**	**15**	**0**	**0**	**0**
Private Acute Psych Service Area 13										
Anchor Hospital	Clayton	39	0	39	25	0	25	0	0	0
Southern Regional Medical Center	Clayton	17	0	17	9	0	9	0	0	0
	2 Facilities	**56**	**0**	**56**	**34**	**0**	**34**	**0**	**0**	**0**
	36 Facilities	**1,013**	**40**	**1,053**	**476**	**0**	**52**	**0**	**0**	**0**
Public										
Public Acute Psych Service Area 1										
Northwest Georgia Regional Hospital	Floyd	108	0	108	0	0	0	34	0	34
	1 Facility	**108**	**0**	**108**	**0**	**0**	**0**	**34**	**0**	**34**
Public Acute Psych Service Area 3										
Georgia Regional Hospital-Atlanta	DeKalb	194	0	194	0	0	0	0	0	0
	1 Facility	**194**	**0**	**194**	**0**	**0**	**0**	**0**	**0**	**0**
Public Acute Psych Service Area 4										
East Central Regional Hospital	Richmond	56	0	56	0	0	0	165	0	165
	1 Facility	**56**	**0**	**56**	**0**	**0**	**0**	**165**	**0**	**165**

Facility Name	County	Adult Acute Psych Beds			Adult Acute S/A Beds			Adult Extended Beds		
		Existing	Pending	Total	Existing	Pending	Total	Existing	Pending	Total
Public Acute Psych Service Area 5										
Central State Hospital - Psychiatric Services Division	Baldwin	126	0	126	8	0	8	205	0	205
	1 Facility	**126**	**0**	**126**	**8**	**0**	**8**	**205**	**0**	**205**
Public Acute Psych Service Area 6										
West Central Georgia Regional Hospital	Muscogee	140	0	140	0	0	0	32	0	32
	1 Facility	**140**	**0**	**140**	**0**	**0**	**0**	**32**	**0**	**32**
Public Acute Psych Service Area 7										
Georgia Regional Hospital @ Savannah	Chatham	151	0	151	0	0	0	27	0	27
	1 Facility	**151**	**0**	**151**	**0**	**0**	**0**	**27**	**0**	**27**
Public Acute Psych Service Area 8										
Southwestern State Hospital	Thomas	109	0	109	0	0	0	26	0	26
	1 Facility	**109**	**0**	**109**	**0**	**0**	**0**	**26**	**0**	**26**
	7 Facilities	**884**	**0**	**884**	**8**	**0**	**0**	**489**	**0**	**489**
43 Facilities	**Grand Total**	**1,897**	**40**	**1,937**	**484**	**0**	**52**	**489**	**0**	**489**

Child and Adolescent Acute Pyschiatric, Substance Abuse and Extended Care Beds in Non-Federal Hospitals

Facility Name	County	Child Acute Psych Beds			Adol Acute Psych Beds			Adolescent Acute S/A Beds			Child/Adol Extended Beds		
		Existing	Pending	Total	Existing	Pending	Total	Existing	Pending	Total	Existing	Pending	Total
Private													
Private Acute Psych Service Area 2													
Northeast Georgia Medical Center	Hall	0	0	0	10	0	10	4	0	4	0	0	0
1 Facility		**0**	**0**	**0**	**10**	**0**	**10**	**4**	**0**	**4**	**0**	**0**	**0**
Private Acute Psych Service Area 5													
The Bradley Center of St. Francis	Muscogee	10	0	10	18	0	18	9	0	9	0	0	0
Georgia Center for Youth	Taylor	0	0	0	0	0	0	0	0	0	60	0	60
2 Facilities		**10**	**0**	**10**	**18**	**0**	**18**	**9**	**0**	**9**	**60**	**0**	**60**
Private Acute Psych Service Area 6													
Behavioral Health System	Bibb	0	0	0	0	0	0	0	0	0	0	54	54
1 Facility		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**54**	**54**
Private Acute Psych Service Area 7													
Medical College of Georgia Hospitals and Clinics	Richmond	9	0	9	0	0	0	0	0	0	0	0	0
1 Facility		**9**	**0**	**9**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Private Acute Psych Service Area 8													
South Georgia Medical Center	Lowndes	0	0	0	18	0	18	0	0	0	0	0	0
John D. Archbold Memorial Hospital	Thomas	0	0	0	9	0	9	9	0	9	0	0	0
2 Facilities		**0**	**0**	**0**	**27**	**0**	**27**	**9**	**0**	**9**	**0**	**0**	**0**
Private Acute Psych Service Area 9													
Coastal Harbor Treatment Center	Chatham	4	0	4	8	0	8	0	0	0	110	0	110
Memorial Health University Medical Center	Chatham	0	0	0	2	0	2	0	0	0	0	0	0
Focus By the Sea	Glynn	9	0	9	32	0	32	0	0	0	0	0	0
3 Facilities		**13**	**0**	**13**	**42**	**0**	**42**	**0**	**0**	**0**	**110**	**0**	**110**

Facility Name	County	Child Acute Psych Beds			Adol Acute Psych Beds			Adolescent Acute S/A Beds			Child/Adol Extended Beds		
		Existing	Pending	Total	Existing	Pending	Total	Existing	Pending	Total	Existing	Pending	Total
Private Acute Psych Service Area 10													
Laurel Heights Hospital	DeKalb	0	0	0	0	0	0	0	0	0	112	0	112
Peachford Behavioral Health System of Atlanta	DeKalb	10	0	10	46	0	46	0	0	0	0	0	0
Hillside Hospital	Fulton	0	0	0	0	0	0	0	0	0	61	6	67
Hughes Spalding Children's Hospital	Fulton	0	15	15	0	0	0	0	0	0	0	0	0
4 Facilities		**10**	**15**	**25**	**46**	**0**	**46**	**0**	**0**	**0**	**173**	**6**	**179**
Private Acute Psych Service Area 11													
Devereux Georgia Treatment Network	Cobb	0	0	0	0	0	0	0	0	0	187	0	187
Ridgeview Institute	Cobb	10	0	10	47	0	47	12	0	12	0	0	0
Inner Harbour Hospital	Douglas	0	0	0	0	0	0	0	0	0	350	0	350
3 Facilities		**10**	**0**	**10**	**47**	**0**	**47**	**12**	**0**	**12**	**537**	**0**	**537**
Private Acute Psych Service Area 12													
Gwinnett Medical Center	Gwinnett	0	0	0	18	0	18	8	0	8	0	0	0
1 Facility		**0**	**0**	**0**	**18**	**0**	**18**	**8**	**0**	**8**	**0**	**0**	**0**
Private Acute Psych Service Area 13													
Anchor Hospital	Clayton	0	0	0	18	0	18	2	0	2	0	0	0
Southern Regional Medical Center	Clayton	8	0	8	8	0	8	8	0	8	0	0	0
2 Facilities		**8**	**0**	**8**	**26**	**0**	**26**	**10**	**0**	**10**	**0**	**0**	**0**
20 Facilities		**60**	**15**	**75**	**234**	**0**	**234**	**52**	**0**	**52**	**880**	**60**	**940**
Public													
Public Acute Psych Service Area 1													
Northwest Georgia Regional Hospital	Floyd	0	0	0	0	0	0	0	0	0	20	0	20
1 Facility		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**20**	**0**	**20**
Public Acute Psych Service Area 3													
Georgia Regional Hospital-Atlanta	DeKalb	0	0	0	36	0	36	0	0	0	0	0	0

Facility Name	County	Child Acute Psych Beds			Adol Acute Psych Beds			Adolescent Acute S/A Beds			Child/Adol Extended Beds		
		Existing	Pending	Total	Existing	Pending	Total	Existing	Pending	Total	Existing	Pending	Total
1 Facility		**0**	**0**	**0**	**36**	**0**	**36**	**0**	**0**	**0**	**0**	**0**	**0**
Public Acute Psych Service Area 4													
East Central Regional Hospital	Richmond	10	0	10	31	0	31	0	0	0	0	0	0
1 Facility		**10**	**0**	**10**	**31**	**0**	**31**	**0**	**0**	**0**	**0**	**0**	**0**
Public Acute Psych Service Area 5													
Central State Hospital - Psychiatric Services Division	Baldwin	9	0	9	16	0	16	0	0	0	0	0	0
1 Facility		**9**	**0**	**9**	**16**	**0**	**16**	**0**	**0**	**0**	**0**	**0**	**0**
Public Acute Psych Service Area 6													
West Central Georgia Regional Hospital	Muscogee	0	0	0	0	0	0	0	0	0	20	0	20
1 Facility		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**20**	**0**	**20**
Public Acute Psych Service Area 7													
Georgia Regional Hospital @ Savannah	Chatham	9	0	9	18	0	18	0	0	0	0	0	0
1 Facility		**9**	**0**	**9**	**18**	**0**	**18**	**0**	**0**	**0**	**0**	**0**	**0**
Public Acute Psych Service Area 8													
Southwestern State Hospital	Thomas	10	0	10	15	0	15	0	0	0	0	0	0
1 Facility		**10**	**0**	**10**	**15**	**0**	**15**	**0**	**0**	**0**	**0**	**0**	**0**
7 Facilities		**38**	**0**	**38**	**116**	**0**	**116**	**0**	**0**	**0**	**40**	**0**	**40**
27 Facilities	**Grand Total**	**98**	**15**	**113**	**350**	**0**	**350**	**52**	**0**	**52**	**920**	**60**	**980**

Child and Adolescent Extended Care Psychiatric Utilization Detail Report
2000 - 2004

See selection criteria at end of report; totals for each HPA are in HPA header

County	Facility Name	Beds as Reported in AHQ: Total Extended Care SUS	Total Extended Care CON	Total C/A Extended SUS Beds	Total C/A Extended CON Beds	TotalC/A Extended Care Admissions	TotalC/A Extended Care Discharges	Total Extended Care Days of Care	Total C/A Extended Care Days of Care	Total C/A Extended Care Bed Days Available	Total C/A Extended Care Occupancy Rate
2000	**8 Facilities**	**698**	**412**		**378**	**533**	**478**	**202,081**	**188,569**	**137,970**	**136.67**
Ext Care Area 1	**5 Facilities**	**568**	**342**		**308**	**439**	**379**	**155,407**	**155,388**	**112,420**	**138.22**
Cobb	The Devereux Georgia Treatment Network	125	125		125	98	97	44,342	44,342	45,625	97.19
Dekalb	Laurel Heights Hosptial	102	102		102	61	53	36,052	36,052	37,230	96.84
Douglas	Inner Harbour. Ltd.	190	0		0	238	192	52,699	52,699	0	0.00
Floyd	Northwest Georgia Regional Hospital	90	54		20	10	5	19	0	7,300	0.00
Fulton	Hillside Hospital	61	61		61	32	32	22,295	22,295	22,265	100.13
Ext Care Area 2	**2 Facilities**	**60**	**0**		**0**	**49**	**70**	**39,964**	**26,471**	**0**	**#Div/0!**
Muscogee	West Central Georgia Regional Hospital	60	0		0	13	13	20,199	6,706	0	0.00
Taylor	Georgia Center for Youth	0	0			36	57	19,765	19,765		0.00
Ext Care Area 3	**1 Facility**	**70**	**70**		**70**	**45**	**29**	**6,710**	**6,710**	**25,550**	**26.26**
Chatham	Coastal Harbor Treatment Center	70	70		70	45	29	6,710	6,710	25,550	26.26
2001	**8 Facilities**	**768**	**560**		**488**	**567**	**539**	**231,294**	**208,153**	**178,120**	**116.86**
Ext Care Area 1	**5 Facilities**	**578**	**352**		**318**	**428**	**387**	**172,830**	**163,660**	**116,070**	**141.00**
Cobb	Devereux Center	135	135		135	86	77	46,049	46,049	49,275	93.45
Dekalb	Laurel Heights Hospital	102	102		102	50	52	37,366	37,366	37,230	100.37

County	Facility Name	Beds as Reported in AHQ				TotalC/A Extended Care Admissions	TotalC/A Extended Care Discharges	Total Extended Care Days of Care	Total C/A Extended Care Days of Care	Total C/A Extended Care Bed Days Available	Total C/A Extended Care Occupancy Rate
		Total Extended Care SUS	Total Extended Care CON	Total C/A Extended SUS Beds	Total C/A Extended CON Beds						
Douglas	Inner Harbour Hospital	190	0			264	229	50,757	50,757		0.00
Floyd	Northwest Georgia Regional Hospital	90	54		20	4	5	16,432	7,262	7,300	99.48
Fulton	Hillside Hospital	61	61		61	24	24	22,226	22,226	22,265	99.82
Ext Care Area 2	**2 Facilities**	**120**	**138**		**100**	**52**	**54**	**39,899**	**25,928**	**36,500**	**71.04**
Muscogee	West Central Georgia Regional Hospital	60	78		40	16	18	20,011	6,040	14,600	41.37
Taylor	Georgia Center For Youth	60	60		60	36	36	19,888	19,888	21,900	90.81
Ext Care Area 3	**1 Facility**	**70**	**70**		**70**	**87**	**98**	**18,565**	**18,565**	**25,550**	**72.66**
Chatham	Coastal Harbor Treatment Center	70	70		70	87	98	18,565	18,565	25,550	72.66
2002	**8 Facilities**	**762**	**938**			**742**	**648**	**264,508**	**239,906**		
Ext Care Area 1	**5 Facilities**	**552**	**708**			**510**	**520**	**199,751**	**188,991**		
Cobb	Devereux Center	135	135			104	99	48,150	48,150		0.00
DeKalb	Laurel Heights Hospital	102	102			40	35	38,305	38,305		0.00
Douglas	Inner Harbour Hospital	194	350			345	343	72,606	72,606		0.00
Floyd	Northwest Georgia Regional Hospital	54	54			9	11	17,330	6,570		0.00
Fulton	Hillside Hospital	67	67			12	32	23,360	23,360		0.00
Ext Care Area 2	**2 Facilities**	**120**	**140**			**101**	**43**	**41,296**	**27,454**		
Muscogee	West Central Georgia Regional Hospital	60	80			12	13	20,154	6,312		0.00
Taylor	Georgia Center for Youth	60	60			89	30	21,142	21,142		0.00

County	Facility Name	Beds as Reported in AHQ				TotalC/A Extended Care Admissions	TotalC/A Extended Care Discharges	Total Extended Care Days of Care	Total C/A Extended Care Days of Care	Total C/A Extended Care Bed Days Available	Total C/A Extended Care Occupancy Rate
		Total Extended Care SUS	Total Extended Care CON	Total C/A Extended SUS Beds	Total C/A Extended CON Beds						
Ext Care Area 3	**1 Facility**	**90**	**90**			**131**	**85**	**23,461**	**23,461**		
Chatham	Coastal Harbor Treatment Center	90	90			131	85	23,461	23,461		0.00
2003	**8 Facilities**	**787**	**957**		**554**	**693**	**671**	**270,188**	**257,641**	**202,210**	**127.41**
Ext Care Area 1	**5 Facilities**	**557**	**707**		**554**	**521**	**515**	**198,466**	**192,721**	**202,210**	**95.31**
Cobb	Devereux Center	97	97		135	86	82	49,557	49,557	49,275	100.57
DeKalb	Laurel Heights Hospital	102	102			31	26	38,616	38,616		0.00
Douglas	Inner Harbour Hospital	191	341		352	352	354	74,051	74,051	128,480	57.64
Floyd	Northwest Georgia Regional Hospital	147	147			13	16	11,782	6,037		0.00
Fulton	Hillside Hospital	20	20		67	39	37	24,460	24,460	24,455	100.02
Ext Care Area 2	**2 Facilities**	**120**	**140**			**56**	**60**	**32,848**	**26,046**		
Muscogee	West Central Georgia Regional Hospital	60	80			19	20	12,582	5,780		0.00
Taylor	Georgia Center for Youth	60	60			37	40	20,266	20,266		0.00
Ext Care Area 3	**1 Facility**	**110**	**110**			**116**	**96**	**38,874**	**38,874**		
Chatham	Coastal Harbor Treatment Center	110	110			116	96	38,874	38,874		0.00
2004	**8 Facilities**	**788**	**1,014**		**1,059**	**873**	**791**	**284,480**	**247,085**	**386,535**	**63.92**
Ext Care Area 1	**5 Facilities**	**606**	**812**		**846**	**709**	**635**	**214,112**	**176,717**	**308,790**	**57.23**
Cobb	Devereux Georgia Treatment Network	175	175		187	153	110	26,587	26,587	68,255	38.95
DeKalb	Laurel Heights Hospital	57	57		102	50	53	38,765	38,765	37,230	104.12

County	Facility Name	Beds as Reported in AHQ: Total Extended Care SUS	Total Extended Care CON	Total C/A Extended SUS Beds	Total C/A Extended CON Beds	TotalC/A Extended Care Admissions	TotalC/A Extended Care Discharges	Total Extended Care Days of Care	Total C/A Extended Care Days of Care	Total C/A Extended Care Bed Days Available	Total C/A Extended Care Occupancy Rate
Douglas	Inner Harbour Hospital	218	424		464	424	402	79,348	79,348	169,360	46.85
Floyd	Northwest Georgia Regional Hospital	127	127		19	17	14	43,497	6,102	6,935	87.99
Fulton	Hillside Hospital	29	29		74	65	56	25,915	25,915	27,010	95.95
Ext Care Area 2	**2 Facilities**	**80**	**100**		**100**	**56**	**55**	**27,783**	**27,783**	**36,500**	**76.12**
Muscogee	West Central Georgia Regional Hospital	20	40		40	15	15	5,497	5,497	14,600	37.65
Taylor	Georgia Center for Youth	60	60		60	41	40	22,286	22,286	21,900	101.76
Ext Care Area 3	**1 Facility**	**102**	**102**		**113**	**108**	**101**	**42,585**	**42,585**	**41,245**	**103.25**
Chatham	Coastal Harbor Treatment Center	102	102		113	108	101	42,585	42,585	41,245	103.25

Source: Annual Hospital Questionnaire, Psychiatric and Substance Abuse Addendum .
Prepared By: Department of Community Health

Notes: Occupancy rates are reflective of occupancy for each facility. The Extended Care Bed Need Projection Methodology requires that publically-owned (State) beds be allocated statewide in proportion to the population for each Extended Care Planning Area. State beds are not allocated statewide in this report so occupancy rates here will differ from those found in the Extended Care Bed Need Projection.

The report totals and subtotals include only those records specified in selection criteria, if any, shown below. If no criteria are shown, all records are included.

MINUTES
PSYCHIATRIC & SUBSTANCE ABUSE INPATIENT SERVICES
TECHNICAL ADVISORY COMMITTEE
Of the Health Strategies Council

Friday, October 28, 2005

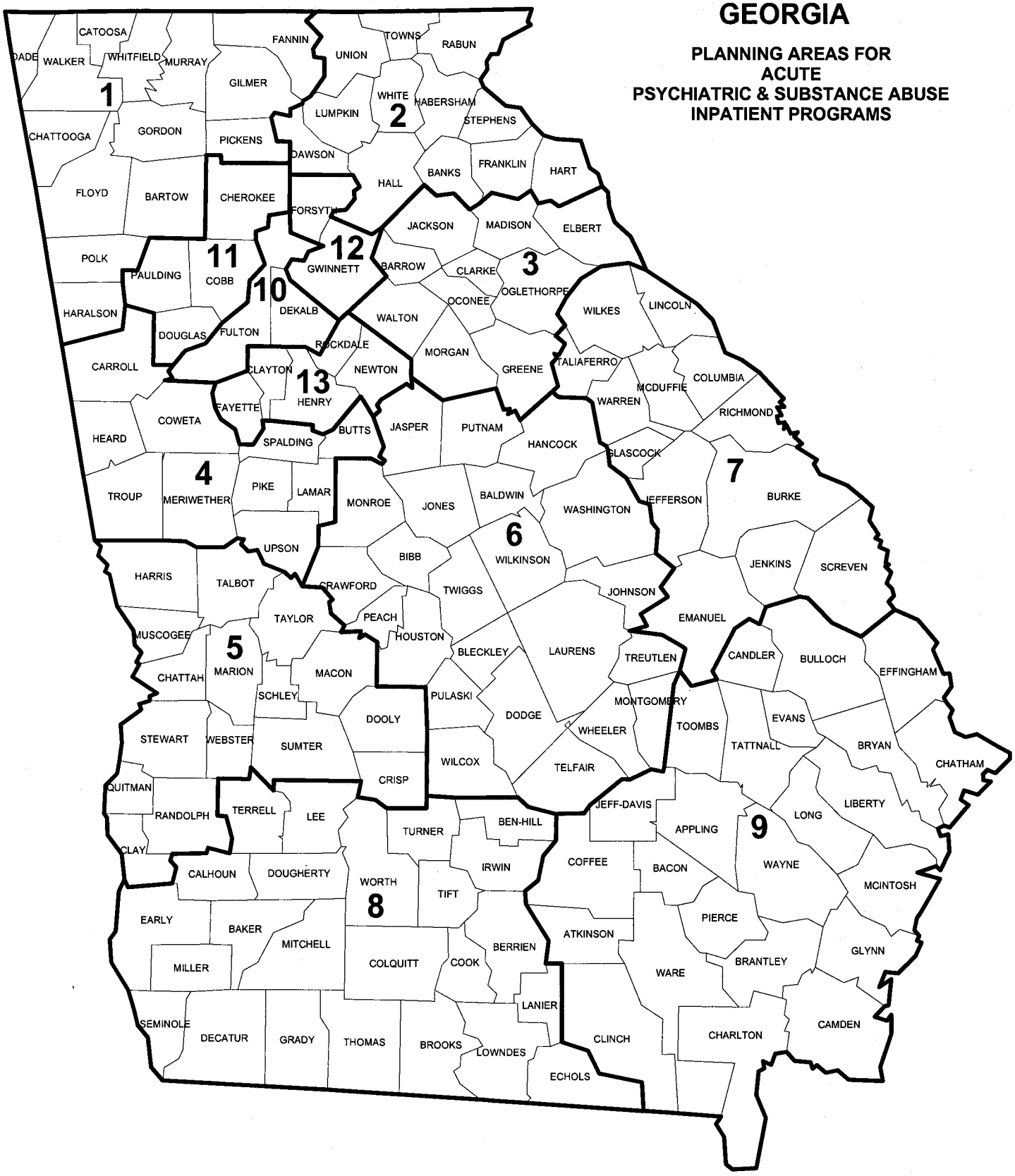
APPENDIX C

Planning area maps

- Acute Psychiatric and Substance Abuse Inpatient programs
- Extended care psychiatric and substance abuse programs
- Acute Psychiatric and Substance Abuse Inpatient programs (public/state owned hospitals)

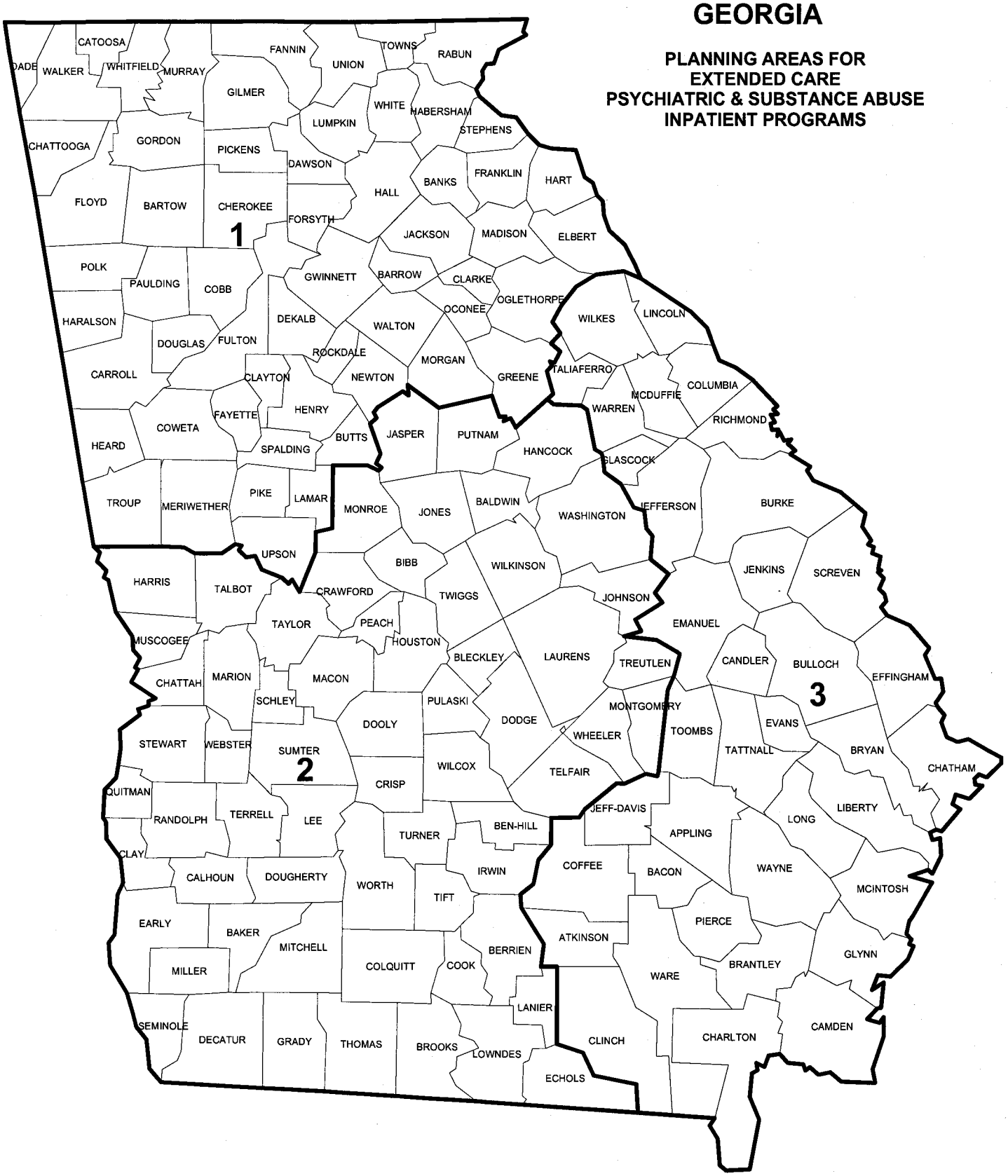
GEORGIA

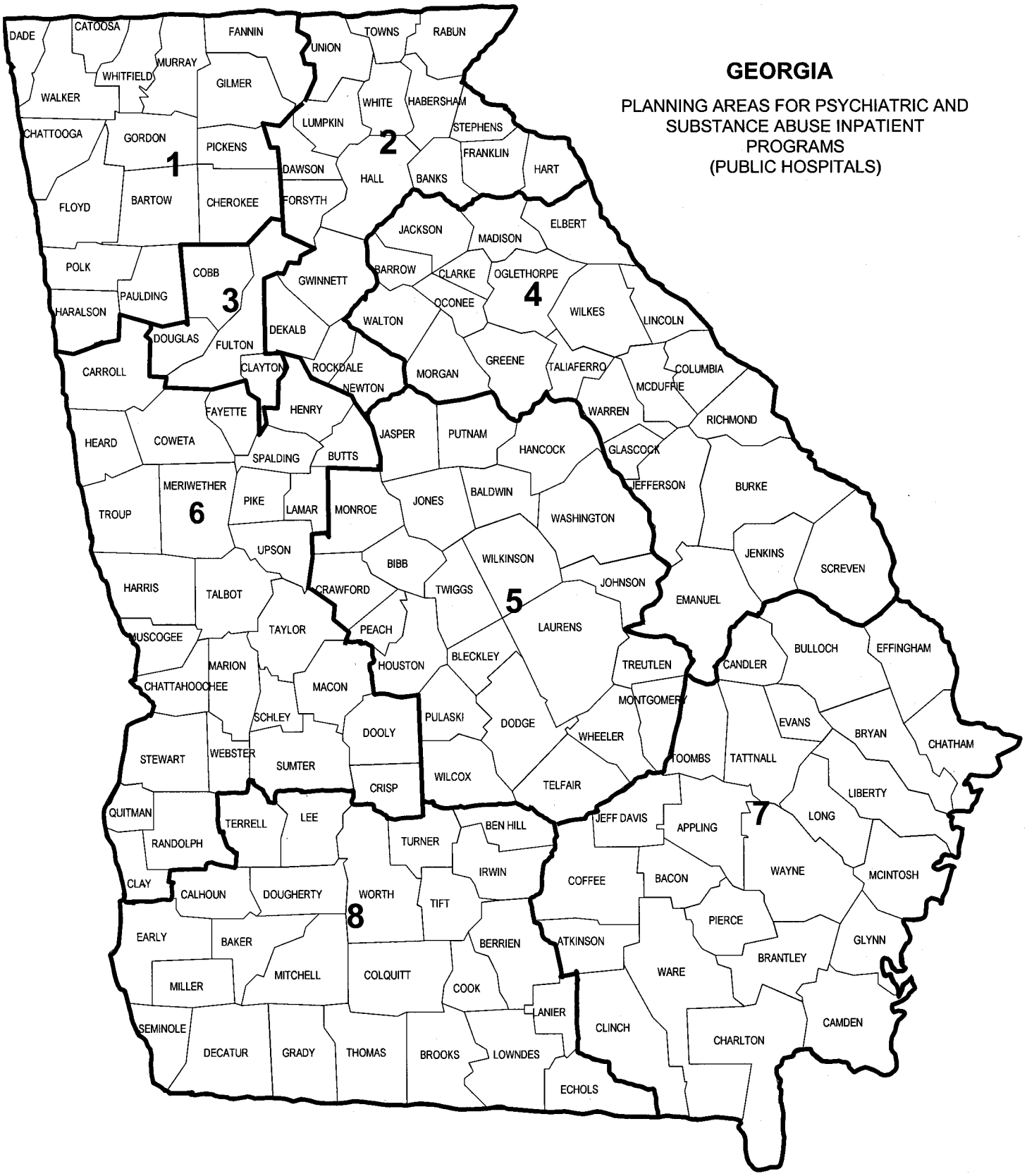
PLANNING AREAS FOR ACUTE PSYCHIATRIC & SUBSTANCE ABUSE INPATIENT PROGRAMS



GEORGIA

PLANNING AREAS FOR EXTENDED CARE PSYCHIATRIC & SUBSTANCE ABUSE INPATIENT PROGRAMS




GEORGIA
PLANNING AREAS FOR PSYCHIATRIC AND SUBSTANCE ABUSE INPATIENT PROGRAMS (PUBLIC HOSPITALS)
1
2
3
4
5
6
7
8
DADE
CATOOSA
FANNIN
UNION
TOWNS
RABUN
WHITFIELD
MURRAY
GILMER
WALKER
WHITE
HABERSHAM
LUMPKIN
STEPHENS
CHATTOOGA
GORDON
PICKENS
FRANKLIN
DAWSON
HALL
BANKS
HART
FLOYD
BARTOW
CHEROKEE
FORSYTH
JACKSON
MADISON
ELBERT
POLK
COBB
GWINNETT
BARROW
CLARKE
OGLETHORPE
PAULDING
OCONEE
HARALSON
WALTON
WILKES
LINCOLN
DOUGLAS
FULTON
DEKALB
CARROLL
CLAYTON
ROCKDALE
MORGAN
GREENE
TALIAFERRO
COLUMBIA
NEWTON
MCDUFFIE
FAYETTE
HENRY
WARREN
RICHMOND
HEARD
COWETA
JASPER
PUTNAM
HANCOCK
GLASCOCK
SPALDING
BUTTS
MERIWETHER
JEFFERSON
BURKE
TROUP
PIKE
LAMAR
MONROE
JONES
BALDWIN
WASHINGTON
UPSON
JENKINS
BIBB
WILKINSON
SCREVEN
HARRIS
TALBOT
CRAWFORD
TWIGGS
JOHNSON
EMANUEL
TAYLOR
PEACH
LAURENS
MUSCOGEE
BULLOCH
EFFINGHAM
MARION
HOUSTON
BLECKLEY
TREUTLEN
CANDLER
CHATTAHOOCHEE
MACON
MONTGOMERY
SCHLEY
PULASKI
DODGE
EVANS
BRYAN
DOOLY
WHEELER
CHATHAM
STEWART
WEBSTER
SUMTER
TOOMBS
TATTNALL
WILCOX
CRISP
TELFAIR
LIBERTY
QUITMAN
TERRELL
LEE
JEFF DAVIS
APPLING
LONG
BEN HILL
TURNER
RANDOLPH
IRWIN
COFFEE
BACON
WAYNE
MCINTOSH
CLAY
CALHOUN
DOUGHERTY
WORTH
TIFT
PIERCE
EARLY
BAKER
BERRIEN
ATKINSON
GLYNN
BRANTLEY
MILLER
MITCHELL
COLQUITT
COOK
WARE
LANIER
CLINCH
CAMDEN
SEMINOLE
DECATUR
GRADY
THOMAS
BROOKS
LOWNDES
CHARLTON
ECHOLS

MINUTES
PSYCHIATRIC & SUBSTANCE ABUSE INPATIENT SERVICES
TECHNICAL ADVISORY COMMITTEE
Of the Health Strategies Council

Friday, October 28, 2005

APPENDIX D

- Rules, Psychiatric & Substance Abuse Inpatient Programs (111-2-2-.26)

111-2
HEALTH PLANNING

111-2-2
Certificate of Need

111-2-2-.26 Specific Review Considerations for Psychiatric and Substance Abuse Inpatient Programs.

(1) **Definitions.**

(a) "Psychiatric or substance abuse inpatient program," for purposes of these Rules, means an organized entity with a specific plan and intent to serve a special population via designated staff in designated beds in a licensed hospital. Such a program provides services on a 24-hour, seven days per week basis. The characteristics of a program shall include:

1. a clear, distinct plan which includes admission policies and criteria, treatment protocol, etc.; and

2. appropriately trained personnel for the age and disability group to be served by the program; and

3. all of the beds in a program are designated for patients in that specific program.

(b) "Acute care psychiatric or substance abuse inpatient program," for purposes of these Rules, means a psychiatric or substance abuse program, as defined in 111-2-2-.26(1)(a), that provides acute and/or emergency stabilization and other treatment for acute episodes. An acute care program provides medically oriented evaluation, diagnosis, stabilization, and short-term treatment using individual and/or group therapies as well as other treatment activities. The average length of stay of patients is usually 45 days or less for adults and usually 120 days or less for children and/or adolescents. Five programs are defined: adult psychiatric, adult substance abuse, adolescent psychiatric, adolescent substance abuse, and child psychiatric. Substance abuse care for children is included in the child psychiatric program.

(c) "Extended care psychiatric or substance abuse inpatient program," for purposes of these Rules, means a psychiatric or substance abuse program, as defined in rule 111-2-2-.26(1)(a), that focuses on self-help and basic living skills to enhance the patient's abilities to perform successfully in society upon discharge by emphasizing psycho-social, vocational and/or prevocational, and educational components in its treatment plan. The program is designed to treat people who do not require acute care and who usually have already had at least one acute care admission. Due to this design, the staffing of extended care programs is different from that of acute care programs by having

proportionately more therapeutic activities, educational, and social work staff and proportionately fewer nurses and physicians. The average daily costs and charges for extended care are expected to be no more than half that of acute care programs. The average length of stay of patients is usually five months or more for adults and usually one year or more for children and adolescents. Two programs are defined: adult psychiatric and substance abuse and adolescent/child psychiatric and substance abuse.

(d) "Adults," for purposes of these Rules, means persons 18 years of age and over.

(e) "Adolescents," for purposes of these Rules, means persons 13 through 17 years of age.

(f) "Children," for purposes of these Rules, means persons 12 years of age and under.

(g) "Public sector bed," for purposes of these Rules, means a bed located in state owned and operated psychiatric and substance abuse regional hospitals which are maintained by the Department of Human Resources, Division of Mental Health, Mental Retardation, and Substance Abuse.

(h) "Private sector bed," for purposes of these Rules, means a bed located in a freestanding psychiatric and/or substance abuse hospital or in an organized psychiatric and substance abuse program in a general or other specialty hospital, regardless of ownership, that is not a public sector bed.

(i) "Freestanding psychiatric and/or substance abuse hospital," for purposes of these Rules, means a self-contained hospital which provides only psychiatric and/or substance abuse treatment and is licensed as a separate hospital, either as a specialized hospital or specialized hospital/intensive residential treatment facility.

(j) "Combined program," for purposes of these Rules, means an entity designed to serve two or more of the distinct programs defined in 111-2-2-.26(1)(a) and (1)(b) and which has flexibility to utilize the beds among these distinct programs as needed by the patients present in the facility at a particular time.

(k) "Number of beds," for the Department 's official inventory of psychiatric and substance abuse beds, shall be the number of existing and approved beds designated for each organized program in a hospital as follows:

1. psychiatric and substance abuse beds in organized programs shall be designated for specific programs defined in 111-2-2-.26(1)(b) and (1)(c), and each bed shall be designated for a single, distinct program. A hospital operating a combined program shall designate, for inventory purposes, the number of beds to be allocated to each distinct program included in the combined program; and

2. the total number of psychiatric and/or substance abuse beds in a hospital shall equal the sum of the number of psychiatric and substance abuse beds by program as follows:

(i) for private, freestanding psychiatric and/or substance abuse hospitals, the total number of existing beds shall be the maximum evaluated bed capacity of

the hospital as established by the Department in conjunction with the Department of Human Resources, Office of Regulatory Services; and

(ii) for hospitals, including state regional hospitals, other than freestanding psychiatric and/or substance abuse hospitals, the total number of existing beds shall be the sum of the numbers of psychiatric and substance abuse beds reported to the Department as set-up and staffed for each organized program; and

3. changes in the inventory shall occur by the use of program specific information obtained from sources including, but not limited to, the following:

(i) from the edited Psychiatric and Substance Abuse Services Addendum to the Annual Hospital Questionnaire;

(ii) through Certificate-of-Need and other Department approvals for new or expanded programs;

(iii) through changes in Certificate-of-Need status as appropriate, including, but not limited to, situations listed under rule 111-2-2-.02;

(iv) following a program not having been offered at the hospital within a 12-month period as stated in 111-2-2-.01(33)(d);

(v) through changes and approvals of changes in the hospital's maximum evaluated capacity under 111-2-2-.03(1)(o);

(vi) by official notice from the hospital of changes in the number and/or distribution of its psychiatric and/or substance abuse beds; and

(vii) by use of special surveys conducted by the Department.

(l) "Planning area," for purposes of these Rules, means the official planning area established in the most recent official State Health Component Plan for Psychiatric and Substance Abuse Inpatient Programs.

(m) "Similar program," for purposes of these Rules, means an approved or existing organized program as defined in 111-2-2-.26(1)(a). that provides services to the same age group (adults, adolescents, or children), the same disability (psychiatric or substance abuse), and for the same treatment model (acute or extended).

(n) "Psychiatric and/or substance abuse service," for purposes of these Rules, means any combination of organized psychiatric and substance abuse programs in a hospital.

(o) "Most recent year," for purposes of these Rules, means the most current 12-month period preceding the month of the date the Department deems the application complete for which data are available.

(p) "Most recent official Department report year," for purposes of these Rules, means the latest report year for the Department 's Annual Indigent Care Survey.

(q) "Aggregate occupancy rate," for purposes of these Rules, means the occupancy rate calculated by dividing the total number of inpatient days utilized in a planning area by the total number of bed days available in a planning area for a specific period of time.

(r) "Net bed need," for purposes of these Rules, means the number of program beds projected for a planning area minus the number of existing and approved program beds listed in the official Department inventory in the planning area.

(2) **Standards.**

(a) For the public sector, a Certificate-of-Need is not required for new or expanded psychiatric/substance abuse programs as long as the number of beds proposed within the state system does not exceed the total number needed statewide based on the need methodology as described in 111-2-2-.26(2) and as long as the capital costs of a proposed project do not exceed the Certificate-of-Need threshold. It is expected that the distribution of beds among programs in the state hospitals will be guided by the need methodology. When a Certificate-of-Need is required, the standards listed in 111-2-2-.26(2) will apply as appropriate.

(b) For the private sector, a Certificate-of-Need is required prior to:

1. the establishment of a new psychiatric or substance abuse program; or

2. capital expenditures for an existing program which exceed the Certificate-of-Need threshold; or

3. the increase of beds in an existing program except when the increase is exempt according to 111-2-2-.03(1)(o) or when the bed increase in an existing program does not result in an increase in the maximum evaluated bed capacity of the facility.

(c) The need for a new or expanded acute psychiatric and/or substance abuse program(s) will be determined as follows:

1. the net bed need for the planning area demonstrates the need for the beds in each proposed program. The net bed need is determined by the application of the program specific bed need methodology described in the current official State Health Component Plan for Psychiatric and Substance Abuse Inpatient Programs; and

2. the aggregate occupancy rate for the most recent year of all similar programs in the planning area is 80 percent or more for adult programs and 75 percent or more for adolescent or child programs.

(d) The Department may allow an exception to the need standard referenced in (2)(c), in order to remedy an atypical barrier to acute psychiatric and/or substance abuse services based on cost, quality, financial access, or geographic accessibility. An applicant seeking such an exception shall have the burden of proving to the Department that the cost, quality, financial access, or geographic accessibility of current services, or some combination thereof, result in a barrier to services that should typically be available to citizens in the planning area and/or the communities under review. In approving an applicant through the exception process, the Department shall document the bases for granting the exception and the barrier or barriers that the successful applicant would be expected to remedy.

(e) The minimum bed size of a new acute psychiatric or substance abuse program is eight beds.

(f) The minimum bed size of a new freestanding psychiatric and/or substance abuse hospital primarily providing acute care and licensed as a specialized hospital is 50 beds.

(g) The minimum number of designated beds in the aggregate of any and all acute psychiatric and/or substance abuse programs in a general hospital is 15 beds.

(h) An applicant for a new or expanded acute psychiatric and/or substance abuse program(s) shall document that the program(s) will be financially accessible by:

1. providing sufficient documentation that unreimbursed services for indigent and charity patients in a new or expanded program(s) will be offered at a standard which meets or exceeds three percent of annual gross revenues for the program after provisions have been made for bad debt, and Medicaid and Medicare contractual adjustments have been deducted. If an applicant, or any facility in Georgia owned or operated by the applicant's parent organization, received a Certificate-of-Need for a hospital program(s) or service(s) or a total facility and the CON included an expectation that a certain level of unreimbursed indigent and/or charity care would be provided in the program(s), service(s), or hospital(s), the applicant shall provide sufficient documentation of the facility's(ies') provision of such care. An applicant's history, or the history of any facility in Georgia owned or operated by the applicant's parent organization, of not following through with a specific CON expectation of providing indigent and/or charity care at or above the expected level will constitute sufficient justification to deny an application; and

2. agreeing to participate in the Medicare and Medicaid programs, whenever these programs are available to the facility.

(i) An application for a new or expanded acute psychiatric and/or substance abuse program(s) in an existing hospital involving an increase in the maximum evaluated bed capacity of the hospital shall not be approved unless the applicant provides sufficient documentation that it is not appropriate to convert existing hospital beds to beds designated for the proposed program(s) or to close existing hospital beds. If the hospital is a general hospital, the documentation shall include, but not be limited to, application of the Department 's appropriate general hospital bed need methodology.

(j) An application for a new acute psychiatric and/or substance abuse program(s) in a proposed or Certificate-of-Need approved new general hospital shall not be approved

unless the total number of beds in the hospital is determined as needed by application of the Department 's appropriate bed need methodology for new general hospitals.

(k) An applicant for a new or expanded acute psychiatric and/or substance abuse program(s) shall provide evidence that the location of the new or expanded program beds improves the distribution of beds for similar programs, existing or approved, within the planning area based on the geographic and demographic characteristics of the planning area. If the applicant provides evidence that there does not exist an appropriate location for the proposed program in another portion of the planning area, the proposed program may be approved in the same portion of the planning area as a similar existing or approved program(s). Failure to provide sufficient justification will constitute adequate reason to deny an application.

(l) If acute medical treatment is not available at the hospital proposing the new or expanded acute program(s), the applicant shall document the existence of referral arrangements with an acute care general hospital(s) within a 30-mile radius to provide acute and emergency medical treatment to any patient who requires such care.

(m) An applicant for a new or expanded acute psychiatric and/or substance abuse program(s) in an existing hospital shall provide sufficient documentation concerning the facility's accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), if so accredited, and also shall provide sufficient documentation that the hospital has no history of significant licensure deficiencies and/or no history of conditional level Medicare certification deficiencies in the past three years.

(n) Favorable consideration may be given to any applicant for new or expanded acute program(s), which historically has provided and/or provides sufficient documentation of plans to provide:

1. cost-effective alternative services such as partial hospitalization, day treatment programs, and outpatient therapy with an associated shorter average length of inpatient stay; and/or

1. a higher percentage of unreimbursed services to indigent and charity patients than required by the indigent and charity care standard of 111-2-2-.26(2)(h); and/or

3. a broad range of needed services, especially those that are not financially profitable, that may include designation by the Georgia Department of Human Resources as an emergency receiving, evaluation, and/or treatment facility; agreements or contracts to treat patients referred through state programs; and/or services for special populations, such as individuals with multiple disabilities, the elderly, or other documented underserved populations; and/or

4. services that involve the conversion of existing, underutilized hospital beds to beds designated for the new or expanded program(s) when such conversion is a cost effective alternative.

(o) An applicant for an expanded acute psychiatric and/or substance abuse program(s) shall provide sufficient documentation that each of the following criteria is met:

1. if the program has been operating three or more years, an 80 percent occupancy rate for an adult program or a 75 percent occupancy rate for an adolescent or child program for the most recent year; or, if the program has been operating for less than three years, documentation of community and referral based support and an increase in utilization since the time opened such that it is reasonable to assume that the desired occupancy rate would be achieved by the third year; or, if the program has been approved but has not begun operating and the proposal to expand meets the placement criteria in 111-2-2-.26(2)(k) and is merited by the history of the facility and/or the history of any facility in Georgia owned or operated by the applicant's parent organization in terms of factors including, but not limited to, providing quality care and financial accessibility; and

2. if the program was operating during the most recent official Department report year, unreimbursed services for indigent and charity patients in that program have been offered during that period at a standard which meets or exceeds three percent of annual gross revenues of the program after provisions have been made for bad debt, and Medicare and Medicaid contractual adjustments have been deducted. If the total hospital has provided this level of unreimbursed indigent and charity care during the most recent official Department report year, this standard will be considered to have been met. If the program was not operating during the most recent official Department report year, sufficient documentation shall be provided that the hospital provided this level of unreimbursed indigent and charity care during the most recent official Department report year. If the hospital in which the program is located was not operating during the most recent official Department report year, sufficient documentation shall be provided that the program or, if the applicant chooses, the hospital provided this level of indigent and charity care since the program or hospital was in operation. If the hospital has been approved but has not begun operating, this standard will be waived.

(p) An applicant for a new or expanded acute psychiatric and/or substance abuse program(s) shall provide sufficient documentation that the proposal is consistent with each of the following as specified in the current State Health Component Plan for Psychiatric and Substance Abuse Inpatient Programs:

1. quality: program quality; and

2. continuity: adequacy of policies governing admissions and availability of adequate discharge planning; and

3. cost containment: financial feasibility; and

4. acceptability: patients' rights.

(q) The need for a new or expanded extended care psychiatric and substance abuse program(s) will be determined as follows:

1. the net bed need for the planning area demonstrates the need for the beds in each proposed program. The net bed need is determined by application of the program specific bed need methodology described in the current official State Health Component Plan for Psychiatric and Substance Abuse Inpatient Programs; and

2. the aggregate occupancy rate for the most recent year of all similar programs in the planning area is greater than or equal to 85 percent.

(r) The Department may allow an exception to the need standard referenced in (2)(q), in order to remedy an atypical barrier to extended care psychiatric and/or substance abuse services based on cost, quality, financial access, or geographic accessibility. An applicant seeking such an exception shall have the burden of proving to the Department that the cost, quality, financial access, or geographic accessibility of current services, or some combination thereof, result in a barrier to services that should typically be available to citizens in the planning area and/or the communities under review. In approving an applicant through the exception process, the Department shall document the bases for granting the exception and the barrier or barriers that the successful applicant would be expected to remedy.

(s) The minimum bed size of a new, extended care psychiatric and substance abuse program is eight beds.

(t) The minimum bed size of a new freestanding psychiatric and/or substance abuse hospital primarily providing extended care and licensed as a specialized hospital or a specialized hospital/intensive residential treatment facility is 50 beds.

(u) The minimum number of designated beds in the aggregate of any and all extended care psychiatric and substance abuse programs in a general hospital is 15 beds.

(v) An applicant for a new or expanded extended care psychiatric and/or substance abuse program(s) shall document that the program(s) will be financially accessible by:

1. providing sufficient documentation that un-reimbursed services for indigent and charity patients in a new or expanded program(s) will be offered at a standard which meets or exceeds three percent of annual gross revenues for the program after provisions have been made for bad debt, and Medicaid and Medicare contractual adjustments have been deducted. If an applicant, or any facility in Georgia owned or operated by the applicant's parent organization, received a Certificate-of-Need for a hospital program(s) or service(s) or a total facility and the CON included an expectation that a certain level of un-reimbursed indigent and/or charity care would be provided in the program(s), service(s), or hospital(s), the applicant shall provide sufficient documentation of the facility's (ies') provision of such care. An applicant's history, or the history of any facility in Georgia owned or operated by the applicant's parent organization, of not following through with a specific CON expectation of indigent and/or charity care at or above the expected level agreed to will constitute sufficient justification to deny an application; and

2. agreeing to participate in the Medicare and Medicaid programs, whenever these programs are available to the facility.

(w) An application for a new or expanded extended care psychiatric and/or substance abuse program(s) in an existing hospital involving an increase in the maximum evaluated bed capacity of the hospital shall not be approved unless the applicant provides sufficient documentation that it is not appropriate to convert existing hospital beds to beds designated for the proposed program(s) or to close existing hospital beds.

If the hospital is a general hospital, the documentation shall include, but not be limited to, application of the Department 's appropriate general hospital bed need methodology.

(x) An application for a new extended care psychiatric and substance abuse program(s) in a proposed or Certificate-of-Need approved, new general hospital shall not be approved unless the total number of beds in the hospital is determined as needed by application of the Department 's appropriate bed need methodology for new general hospitals.

(y) An applicant for a new or expanded extended care psychiatric and substance abuse program(s) shall provide evidence that the location of the new or expanded program beds improves the distribution of beds for similar programs, existing or approved, within the planning area, based on the geographic and demographic characteristics of the planning area. If the applicant provides evidence that there does not exist an appropriate location for the proposed program in another portion of the planning area, the proposed program may be approved in the same portion of the planning area as a similar existing or approved program. Failure to provide sufficient justification will constitute adequate reason to deny an application.

(z) If acute medical treatment is not available at the hospital proposing the new or expanded extended care program(s), the applicant shall document the existence of referral arrangements with an acute care general hospital(s) within a 30-mile radius to provide acute and emergency medical treatment to any patient who requires such care.

(aa) An applicant for a new or expanded extended psychiatric and substance abuse program(s) in an existing hospital shall provide sufficient documentation concerning the facility's accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), if so accredited, and also shall provide sufficient documentation that the hospital has no history of significant licensure deficiencies and/or no history of conditional level Medicare certification deficiencies in the past three years.

(bb) Favorable consideration may be given to an applicant for a new or expanded extended care program(s), which historically has provided and/or provides sufficient documentation of plans to provide:

1. cost-effective alternative services such as partial hospitalization, day treatment programs, residential programs, and outpatient therapy with an associated shorter average length of inpatient stay; and/or

2. a higher percentage of un-reimbursed services to indigent and charity patients than required by the indigent and charity care standard of111-2-2-.26(2)(v); and/or

3. a broad range of needed services, especially those that are not financially profitable, that may include designation by the Georgia Department of Human Resources as an emergency treatment facility, agreements or contracts to treat patients referred through state programs, and/or services for special populations, such as individuals with multiple or severe disabilities, the elderly, the chronically mentally ill, or other documented underserved populations; and/or

4. services that involve the conversion of existing, underutilized hospital beds to beds designated for the new or expanded program(s), when such conversion is a cost effective alternative.

(cc) An applicant for an expanded extended care psychiatric and substance abuse program(s) shall provide sufficient documentation that each of the following criteria is met:

1. if the program has been operating three or more years, an 85 percent occupancy rate for the most recent year; or, if the program has been operating for less than three years, documentation of community and referral based support and an increase in utilization since the time opened such that it is reasonable to assume that the desired occupancy rate would be achieved by the third year; or, if the program has been approved but has not begun operating and the proposal to expand meets the placement criteria in 111-2-2-.26(2)(y) and is merited by the history of the facility and/or the history of any facility in Georgia owned or operated by the applicant's parent organization in terms of factors including but not limited to providing quality care and financial accessibility; and

2. if the program was operating during the most recent official Department report year, un-reimbursed services for indigent and charity patients in that program have been offered during that period at the standard which meets or exceeds three percent of annual gross revenues of the program after provisions have been made for bad debt, and Medicare and Medicaid contractual adjustments have been deducted. If the total hospital has provided this level of un-reimbursed indigent and charity care during the most recent official Department report year, this standard will be considered to have been met. If the program was not operating during the most recent official Department report year, sufficient documentation shall be provided that the hospital provided this level of un-reimbursed indigent and charity care during the most recent official Department report year. If the hospital in which the program is located was not operating during the most recent official Department report year, sufficient documentation shall be provided that the program or, if the applicant chooses, the hospital provided this level of indigent and charity care since the program or hospital was in operation. If the hospital has been approved but has not begun operating, this standard will be waived.

(dd) An applicant for a new or expanded extended care psychiatric and substance abuse program(s) shall document that the proposal is consistent with each of the following as specified in the current official State Health Component Plan for Psychiatric and Substance Abuse Inpatient Programs:

1. quality: program quality; and

2. continuity: adequacy of policies governing admissions and availability of adequate discharge planning; and

3. cost containment: financial feasibility; and

4. acceptability: patients' rights.